



Township of North Kawartha
Department of Parks and Recreation
 280 Burleigh Street, PO Box 550, Apsley, ON K0L 1A0
 Tel: 705-656-4445 | 1-800-755-6931 | Fax: 705-656-4446
www.northkawartha.ca

2025 WILSON PARK PICKLEBALL AND TENNIS COURT MEMBERSHIP FORM

Club Membership Fees:

1. Seasonal Membership \$50.00
2. After August 16, 2025 a Seasonal Membership is \$25.00.

If court key is lost, there will be a \$20.00 Replacement Fee.

| | | | |
|---|--------------|---------------------|------|
| Name (Please Print): | | | |
| Cell Phone: | Home Phone: | Cottage Phone: | |
| E-mail address: | | | |
| Permanent Address: | City: | Postal Code: | |
| Seasonal Address: | City: | Postal Code: | |
| Your Club membership is intended for? (Circle one) | Pickleball | Tennis | Both |

Court Rules

- Please do not adjust or tamper with court equipment. Report any deficiencies to the Parks and Recreation Department at 705-656-4445 ext 252. You may also e-mail g.geraldi@northkawartha.ca
- Players must have a membership to enter the court area during Club-reserved court times.
- Do not walk behind players to cross a court when play is in progress; wait until rally or point stops.
- Do not retrieve your ball if it goes into another court; rather ask for it to be returned when there is a pause in play on that court.
- Only running shoes or tennis shoes may be worn on the courts.
- Bicycle riding, skate boarding and roller skating are not allowed on the courts.
- User Assumes All Risks and Liability.

Waiver

Acknowledging that Tennis and Pickleball are activities which have the potential for injuries, I agree that The Township of North Kawartha, its committee members, employees and volunteers shall not be liable to me for any injury or damage resulting directly or indirectly from my participation in Tennis and/or Pickleball, where incurred on the Courts at the Wilson Park Community Centre or otherwise in or about the buildings and park. I further agree that I discharge The Township of North Kawartha, its committee members, employees and volunteers of all actions, claims and demands I or my family may have for any injury or damage.

I have read and understood the terms and conditions of the above rules and waiver.

Name (Please Print): _____

Signature: _____ **Date:** _____